

Massachusetts IRP Application

Date: _____

A

¹ Account No.	² Fleet No.	³ Supplement No.
⁴ Name of Owner		

B

SIGNATURE		
I/We the applicant(s) hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s). Any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The undersigned hereby further certify that all information contained in this application is true and correct to the best of their knowledge and belief. False statements are punishable by fine, imprisonment or both.		
Signature of Owner	Signature of Joint Owner	Date
Signature on this Renewal form by the applicant or authorized representative constitutes the applicant's consent to have the information submitted as part of participation in IRP and verified through an audit performed by the Commonwealth of Massachusetts Registry of Motor Vehicles, the Department of Revenue, or their agents. Further, the applicant understands that the Registry of Motor Vehicles and the Department of Revenue may exchange the information obtained during an audit for purposes of enforcing the International Registration Plan (IRP) and the International Fuel Tax Agreement (IFTA).		

Important Information

Please Refer To The Massachusetts IRP Manual For
Instructions Necessary To Complete This Application

- Applications should be typed or printed, in ink, clearly. Incomplete or illegible applications will be returned to the registrant without processing.
- Submission of your application does not constitute authorization for you to travel on any public roads or highways in any IRP jurisdiction without a properly displayed IRP license plate and cab card.
- A Power of Attorney will be required, each year, for each vehicle contained in this application that is not titled in the name of the registrant.
- Applications that are received without being signed will be returned without processing.
- All vehicles being registered with a combined or gross weight of 55,000 pounds or more must be accompanied by proof of payment or exemption of the Federal Heavy Vehicle Use Tax (IRS Form No. 2290). Refer to the MA IRP Manual for instructions and explanations.

1 ACCOUNT NO.	2 FLEET NO.	3 SUPP NO.	6 NAME OF OWNER
4 FEDERAL ID NO. / SOC. SEC. NO.			7 BUSINESS LOCATION (DO NOT USE PO BOX)
5 TYPE OF APPLICATION (CHECK ONE CATEGORY ONLY)			8 CITY STATE ZIP CODE
<input type="checkbox"/> ADD VEHICLE	<input type="checkbox"/> LOST or <input type="checkbox"/> STOLEN	<input type="checkbox"/> PLATE TRANSFER	MA
<input type="checkbox"/> DELETE VEHICLE	<input type="checkbox"/> PLATE	<input type="checkbox"/> ADD STATE	9 MAILING ADDRESS (MAY USE PO BOX)
<input type="checkbox"/> INCREASE/ DECREASE WEIGHT	<input type="checkbox"/> CAB CARD	<input type="checkbox"/> CORRECT INFORMATION	10 CITY STATE ZIP CODE
			11 PERSON TO CONTACT REGARDING APPLICATION
DO NOT SEND PAYMENT WITH YOUR APPLICATION YOU WILL BE INVOICED FOR REGISTRATION FEES DUE			12 CONTACT PHONE NUMBER ()

C

REGULATORY INFORMATION	ABBREVIATIONS	
13 ICC NO.	TRANSACTION TYPE O = ORIGINAL T = TRANSFER R = RENEWAL I = INCREASE WGT C = CORRECTION D = DECREASE WGT	VEHICLE TYPE TR = TRACTOR TK = SINGLE TRUCK TT = TRUCK TRACTOR RT = ROAD TRACTOR WR = WRECKER FT = FULL TRAILER ST = SEMI TRAILER BS = BUS
14 MOTOR FUEL NO.		
15 CANADIAN PROVINCIAL OPERATING AUTHORITY NO.		
TYPE OF OPERATION		
16 PLEASE CHECK OPERATION TYPE: <input type="checkbox"/> PRIVATE CARRIER <input type="checkbox"/> HAUL FOR HIRE <input type="checkbox"/> RENTAL COMPANY <input type="checkbox"/> HOUSEHOLD GOODS MOVER <input type="checkbox"/> EXEMPT (SEE BELOW)	FUEL TYPE D = DIESEL G = GASOLINE P = PROPANE O = OTHER	
17 COMMON CARRIER EXEMPT COMMODITIES <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> GRAIN <input type="checkbox"/> ORE <input type="checkbox"/> LOGS <input type="checkbox"/> SAND, ROCK, OR GRAVEL <input type="checkbox"/> OTHER _____		

D

WEIGHT INFORMATION Units listed on this application will be authorized to operate in the jurisdictions and at the weights listed below. The weight recorded below will appear in the cab card for all IRP jurisdictions for the Units listed below.			
AL Alabama	DE Delaware	KY Kentucky	MS Mississippi
AK Alaska	FL Florida	LA Louisiana	MT Montana
AR Arkansas	GA Georgia	MA Massachusetts	NC North Carolina
AZ Arizona	IA Iowa	MD Maryland	ND North Dakota
CA California	ID Idaho	ME Maine	NE Nebraska
CO Colorado	IL Illinois	MI Michigan	NH New Hampshire
CT Connecticut	IN Indiana	MN Minnesota	NJ New Jersey
DC Dist. of Col.	KS Kansas	MO Missouri	NM New Mexico
NV Nevada	SD South Dakota	WV West Virginia	NS Nova Scotia
NY New York	TN Tennessee	WY Wyoming	NT Northwest Territory
OH Ohio	TX Texas	AB Alberta	ON Ontario
OK Oklahoma	UT Utah	BC British Columbia	PE Prince Edward Island
OR Oregon	VA Virginia	MB Manitoba	QC Quebec
PA Pennsylvania	VT Vermont	MX Mexico	SK Saskatchewan
RI Rhode Island	WA Washington	NB New Brunswick	YT Yukon
SC South Carolina	WI Wisconsin	NL Newfoundland	

E

VEHICLE INFORMATION All fields are required. Application will be returned if information is missing.													
(T) Type	Unit Number	Vehicle Identification Number	Year	Make of Vehicle	Type	Axles or Seats	Fuel	Unladen Weight	Combined or Gross Weight	Purchase Price	Factory Price	Date of Purchase	Date of Lease
1	2	3	4	5	6	7	8	9	10	11	12	13	14

VEHICLE INFORMATION All fields are required. Application will be returned if information is missing.									
Name of Owner	HP Bus	State Titled In	Current Plate No.	Odometer Reading	Title Number	Color	Ins. Co. Name	Code	
15	16	17	18	19	20	21	22	23	

F

VEHICLE DELETIONS (Replacement Unit No. in column #7 below should match a Unit No. in column #2 above if transfer of license plate credit is desired.)							
(T) Type	Unit Number	Vehicle Identification Number	Year	Make of Vehicle	Combined or Gross Weight	Replacement Unit Number	Reason Removed
1	2	3	4	5	6	7	8

G

INSURANCE STATEMENT		
<p>The Applicant (Owner) hereby certifies that all motor vehicles described on the Massachusetts IRP application are insured for a period of at least coterminous with that of such registrations under a motor vehicle liability policy, binder or bond which conforms to the provisions of General Laws, Chapter 175, Section 113A, and that the premium charge and classification on the effective date of the registration are as established by the commissioner of insurance under Chapter 175, Section 113B.</p>		
Signature of Owner	Signature of Joint Owner	Date

Mileage Schedule

List mileage in each state in which this fleet traveled for the period July 1 through June 30 of the year preceding the license year for which you are applying. Place an X in the square in front of the name of the state if you desire an apportionment in that state. Do not show actual and estimated miles for the same state.

(X)	STATE	EST MILES	ACTUAL MILES	(X)	STATE	EST MILES	ACTUAL MILES	(X)	STATE	EST MILES	ACTUAL MILES
	AL Alabama				MI Michigan				TX Texas		
	AK Alaska				MN Minnesota				UT Utah		
	AR Arkansas				MO Missouri				VA Virginia		
	AZ Arizona				MS Mississippi				VT Vermont		
	CA California				MT Montana*				WA Washington		
	CO Colorado				NC North Carolina				WI Wisconsin		
	CT Connecticut				ND North Dakota				WV West Virginia		
	DC Dist. of Col.				NE Nebraska				WY Wyoming*		
	DE Delaware				NH New Hampshire				AB Alberta		
	FL Florida				NJ New Jersey				BC British Columbia		
	GA Georgia				NM New Mexico				MB Manitoba		
	IA Iowa				NV Nevada				MX Mexico		
	ID Idaho				NY New York				NB New Brunswick		
	IL Illinois				OH Ohio				NL Newfound- land		
	IN Indiana				OK Oklahoma				NS Nova Scotia		
	KS Kansas				OR Oregon				NT Northwest Territory		
	KY Kentucky				PA Pennsylvania				ON Ontario		
	LA Louisiana				RI Rhode Island				PE Prince Edward Is.		
X	MA Massachusetts				SC South Carolina				QC Quebec		
	MD Maryland				SD South Dakota				SK Saskatchewan		
	ME Maine				TN Tennessee				YT Yukon		

*MT Montana check box that applies:
☐ SPLIT ☐ COMBINEDGROSSWEIGHT

*WY Wyoming check box if you have Intrastate Authority ☐

Total Mileage _____

Mileage information and signature on this Renewal form by the applicant or authorized representative constitutes the applicant's consent to have the information submitted as part of participation in IRP and verified through an audit performed by the Commonwealth of Massachusetts Registry of Motor Vehicles, the Department of Revenue, or their agents. Further, the applicant understands that the Registry of Motor Vehicles and the Department of Revenue may exchange the information obtained during an audit for purposes of enforcing the International Registration Plan (IRP) and the International Fuel Tax Agreement (**IFTA**).

Explain the scope of your operation including any estimated miles.